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STATE OF COLORADO

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BILL 1

LLS NO. 19-0226.01 Brita Darling x2241

INTERIM COMMITTEE BILL

Opioid and Other Substance Use Disorders Study Committee

BILL TOPIC: "Treatment For Opioid & Substance Use Disorders"

A BILL FOR AN ACT

101 **CONCERNING TREATMENT FOR BEHAVIORAL HEALTH DISORDERS.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

Opioid and Other Substance Use Disorders Study Committee.

Section 1 of the bill directs the department of human services (department) to implement a centralized, web-based behavioral health capacity tracking system (tracking system) to track available treatment capacity at behavioral health facilities and medication-assisted treatment and medical detoxification for substance use disorders, as well as other types of treatment.

The tracking system will be available to health care professionals,

*Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.*

law enforcement, court personnel, and to the public. Certain facilities and programs will be required to update capacity reporting at least daily. The bill lists the facilities and programs that are required to report. The information collected in the tracking system includes, but is not limited to, contact information for the facility or program, the patient admission or exclusion criteria, and the payor sources accepted by the facility or program.

Section 2 of the bill directs the department to implement a care coordination system to assist individuals in obtaining access to treatment for substance use disorders, including, but not limited to, medical detoxification, residential, and inpatient treatment. Care coordination services will be available statewide and will include, at a minimum, independent screening of treatment needs and level of care, identification of treatment options, and the availability of treatment options for the client. Care coordination services will be available through various formats, including online, in-person, or by telephone, and available to individuals regardless of the individual's insurer or whether the individual is uninsured.

To implement the care coordination system, the office of behavioral health in the department shall enter into a contract with a single or multiple contractors. The contractor will assist clients in reporting client access to care issues to the ombudsman for behavioral health access to care.

In addition, contractors will collect and transmit to the department certain information concerning the number of individuals served by the care coordination system and the availability of treatment. The department shall report annually to certain committees of the general assembly concerning the care coordination system and data collected through the care coordination system.

Section 3 of the bill directs the department to award one-time grants to increase substance use disorder treatment capacity and services in rural and frontier communities, prioritizing areas of the state that are unserved or underserved. The grants will allow communities to provide a continuum of substance use disorder treatment services, including, but not limited to, medical detoxification, residential, and intensive outpatient treatment. The bill lists the entities and organizations that may apply for a grant. The grant program repeals after five years.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** 27-60-104.5 as
3 follows:

4 **27-60-104.5. Behavioral health capacity tracker - legislative**

1 **declaration - definition.** (1) (a) THE GENERAL ASSEMBLY FINDS THAT:

2 (I) THERE IS A SHORTAGE OF AVAILABLE BEDS FOR PSYCHIATRIC
3 EMERGENCIES, WITHDRAWAL MANAGEMENT FOR SUBSTANCE USE
4 DISORDERS, AND INTENSIVE RESIDENTIAL INPATIENT AND OUTPATIENT
5 BEHAVIOR HEALTH SERVICES IN COLORADO;

6 (II) CREATING A REAL-TIME BEHAVIORAL HEALTH CAPACITY
7 TRACKING SYSTEM OF AVAILABLE TREATMENT CAPACITY AND
8 MEDICATION-ASSISTED TREATMENT PROGRAMS WOULD HELP FAMILIES,
9 LAW ENFORCEMENT AGENCIES, COUNTIES, COURT PERSONNEL, AND
10 EMERGENCY ROOM PERSONNEL LOCATE AN APPROPRIATE TREATMENT
11 OPTION FOR INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH CRISES;
12 AND

13 (III) FURTHER, A TRACKING SYSTEM WOULD DECREASE THE TIME
14 THAT INDIVIDUALS WAIT IN EMERGENCY ROOMS, ENSURE THAT EXISTING
15 RESOURCES ARE MAXIMIZED, AND INCREASE THE LIKELIHOOD THAT
16 INDIVIDUALS IN CRISIS RECEIVE SERVICES CLOSER TO THEIR COMMUNITY.

17 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT THE
18 CREATION OF A REAL-TIME, BEHAVIORAL HEALTH CAPACITY TRACKING
19 SYSTEM IS AN IMPORTANT TOOL FOR ADDRESSING BEHAVIORAL HEALTH
20 CRISES, INCLUDING CONNECTING INDIVIDUALS TO TREATMENT FOR OPIOID
21 AND OTHER SUBSTANCE USE DISORDERS.

22 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
23 REQUIRES, "TRACKING SYSTEM" MEANS THE BEHAVIORAL HEALTH
24 CAPACITY TRACKING SYSTEM CREATED PURSUANT TO THIS SECTION.

25 (3) THE TRACKING SYSTEM MUST INCLUDE THE FOLLOWING:

26 (a) A TWENTY-FOUR-HOUR, WEB-BASED PLATFORM THAT IS
27 ACCESSIBLE FROM MOBILE DEVICES;

1 (b) ONLINE ACCESS BY HEALTH CARE PROFESSIONALS, LAW
2 ENFORCEMENT, COURT PERSONNEL, AND THE PUBLIC;

3 (c) COORDINATION WITH THE TELEPHONE CRISIS SERVICE THAT IS
4 PART OF THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM PURSUANT TO
5 SECTION 27-60-103;

6 (d) REQUIRED CAPACITY UPDATES, AT LEAST DAILY, WITH A
7 PENALTY FOR NONCOMPLIANCE, FOR FACILITIES LISTED UNDER
8 SUBSECTION (3)(e) OF THIS SECTION; AND

9 (e) CAPACITY REPORTING FOR THE FOLLOWING FACILITIES AND
10 TREATMENT PROVIDERS STATEWIDE:

11 (I) FACILITIES THAT PROVIDE EVALUATION AND TREATMENT TO
12 INDIVIDUALS HELD UNDER AN EMERGENCY COMMITMENT PURSUANT TO
13 SECTION 27-81-111 OR SECTION 27-82-107; AN INVOLUNTARY
14 COMMITMENT PURSUANT TO SECTION 27-81-112 OR SECTION 27-82-108;
15 OR A CIVIL COMMITMENT PURSUANT TO SECTION 27-65-105, INCLUDING
16 CRISIS STABILIZATION UNITS, ACUTE TREATMENT UNITS, COMMUNITY
17 MENTAL HEALTH CENTERS, AND HOSPITALS, INCLUDING STATE MENTAL
18 HEALTH INSTITUTES;

19 (II) INPATIENT TREATMENT;

20 (III) RESIDENTIAL TREATMENT;

21 (IV) MEDICAL DETOXIFICATION; AND

22 (V) FACILITIES LICENSED PURSUANT TO SECTION 27-80-204,
23 INCLUDING OPIOID TREATMENT PROGRAMS AND MEDICALLY MANAGED
24 AND CLINICALLY MANAGED WITHDRAWAL MANAGEMENT FACILITIES.

25 (4) IN ADDITION TO REPORTING BY THOSE FACILITIES LISTED IN
26 SUBSECTION (3)(e) OF THIS SECTION, THE TRACKING SYSTEM MAY ALLOW
27 ANY MEDICAL PROVIDER PROVIDING BEHAVIORAL HEALTH TREATMENT AS

1 PART OF THE MEDICAL PRACTICE TO PARTICIPATE IN THE TRACKING
2 SYSTEM WITH PRIOR APPROVAL BY THE STATE DEPARTMENT.

3 (5) TO THE EXTENT POSSIBLE, THE TRACKING SYSTEM SHOULD BE
4 DESIGNED TO COLLECT THE FOLLOWING INFORMATION:

5 (a) THE NAME, ADDRESS, WEB ADDRESS, AND TELEPHONE NUMBER
6 OF THE FACILITY OR TREATMENT PROGRAM AND INFORMATION AS TO THE
7 PROCESS FOR CONFIRMING THE CURRENT AVAILABILITY OF A BED OR
8 TREATMENT PROGRAM AND FOR RESERVING A BED OR SLOT IN THE
9 FACILITY OR TREATMENT PROGRAM;

10 (b) THE LICENSE TYPE FOR THE FACILITY OR TREATMENT PROGRAM
11 AND THE LICENSED BED CAPACITY OF THE FACILITY OR THE CAPACITY OF
12 THE TREATMENT PROGRAM, INCLUDING THE NUMBER OF BEDS OR SLOTS
13 CURRENTLY AVAILABLE FOR BEHAVIORAL HEALTH SERVICES;

14 (c) ADMISSION AND EXCLUSION CRITERIA, INCLUDING, BUT NOT
15 LIMITED TO, GENDER, AGE, ACUITY LEVEL, MEDICAL COMPLICATIONS,
16 DIAGNOSES, OR BEHAVIORS EXCLUDED, SUCH AS INTELLECTUAL OR
17 DEVELOPMENTAL DISABILITIES, AGGRESSION, SUBSTANCE USE DISORDERS,
18 TRAUMATIC BRAIN INJURY, OR HISTORY OF VIOLENCE OR AGGRESSIVE
19 BEHAVIOR;

20 (d) WHETHER THE FACILITY SERVES INVOLUNTARY CLIENTS;

21 (e) PAYOR SOURCES ACCEPTED BY EACH FACILITY OR TREATMENT
22 PROGRAM;

23 (f) THE TIME AND DATE OF THE LAST UPDATE OF INFORMATION FOR
24 THE FACILITY OR TREATMENT PROGRAM; AND

25 (g) A LINK TO A STABLE LOCATION MAP.

26 (6) THE TRACKING SYSTEM IS DESIGNED TO PROVIDE IMMEDIATE
27 AND ACCURATE INFORMATION REGARDING THE AVAILABILITY OF FACILITY

1 BEDS OR TREATMENT PROGRAMS, BUT DOES NOT GUARANTEE
2 AVAILABILITY. THE USER SHALL BE DIRECTED TO CONTACT THE FACILITY
3 OR TREATMENT PROGRAM DIRECTLY TO CONFIRM CAPACITY AND TO
4 ARRANGE PLACEMENT.

5 (7) ON OR BEFORE JANUARY 1, 2020, THE STATE DEPARTMENT
6 SHALL IMPLEMENT A CENTRALIZED, WEB-BASED TRACKING SYSTEM AS
7 DESCRIBED IN THIS SECTION. THE TRACKING SYSTEM SHALL BE ACCESSIBLE
8 IN CONJUNCTION WITH THE TWENTY-FOUR-HOUR TELEPHONE CRISIS
9 SERVICE REQUIRED PURSUANT TO SECTION 27-60-103. THE DEPARTMENT
10 SHALL FOLLOW STATE PROCUREMENT LAW IN THE SELECTION OF THE
11 CONTRACTOR FOR THE DEVELOPMENT OF THE TRACKING SYSTEM.

12 **SECTION 2.** In Colorado Revised Statutes, **add** 27-60-104.7 as
13 follows:

14 **27-60-104.7. Care coordination system - creation - reporting**
15 **- rules - legislative declaration - definition.** (1) (a) THE GENERAL
16 ASSEMBLY FINDS THAT:

17 (I) MANY INDIVIDUALS WHO NEED TREATMENT FOR SUBSTANCE
18 USE DISORDERS MUST WAIT WEEKS OR MONTHS TO ACCESS RESIDENTIAL
19 OR OUTPATIENT SERVICES;

20 (II) WHEN DEALING WITH A SUBSTANCE USE DISORDER, ANY
21 DELAY IN STARTING TREATMENT COULD MEAN LIFE OR DEATH FOR THE
22 AFFECTED INDIVIDUAL; AND

23 (III) INDIVIDUALS WHO ARE ENGAGED IN SEEKING TREATMENT FOR
24 A SUBSTANCE USE DISORDER WOULD BENEFIT FROM CARE COORDINATION
25 SERVICES TO CONNECT THOSE INDIVIDUALS WITH AVAILABLE TREATMENT
26 FACILITIES OR PROGRAMS.

27 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT CARE

1 COORDINATION SERVICES THAT HELP INDIVIDUALS WHO ARE READY TO
2 BEGIN TREATMENT GAIN TIMELY ACCESS TO THAT TREATMENT ARE VITAL
3 TO THE WELL-BEING OF MANY COLORADANS IN CRISIS.

4 (2) AS USED IN THIS SECTION, "ENGAGED CLIENT" MEANS AN
5 INDIVIDUAL WHO IS INTERESTED IN AND WILLING TO ENGAGE IN
6 SUBSTANCE USE DISORDER SERVICES OR OTHER TREATMENT SERVICES
7 EITHER FOR HIMSELF OR HERSELF, OR FOR AN AFFECTED FAMILY MEMBER
8 OR FRIEND.

9 (3) ON OR BEFORE JANUARY 1, 2020, THE STATE DEPARTMENT
10 SHALL IMPLEMENT A CARE COORDINATION SYSTEM TO ASSIST ENGAGED
11 CLIENTS IN OBTAINING ACCESS TO TREATMENT FOR SUBSTANCE USE
12 DISORDERS. AT A MINIMUM, SERVICES AVAILABLE STATEWIDE MUST
13 INCLUDE INDEPENDENT SCREENING OF THE TREATMENT NEEDS OF THE
14 ENGAGED CLIENT USING NATIONALLY RECOGNIZED SCREENING CRITERIA
15 TO DETERMINE THE CORRECT LEVEL OF CARE, THE IDENTIFICATION OF
16 LICENSED OR ACCREDITED SUBSTANCE USE DISORDER TREATMENT
17 OPTIONS, AND THE AVAILABILITY OF VARIOUS TREATMENT OPTIONS FOR
18 THE ENGAGED CLIENT.

19 (4) TO IMPLEMENT THE CARE COORDINATION SYSTEM, THE OFFICE
20 OF BEHAVIORAL HEALTH IN THE STATE DEPARTMENT SHALL ISSUE A
21 REQUEST FOR PROPOSALS FOR CARE COORDINATION SERVICES THROUGH
22 THE STATE PROCUREMENT SYSTEM. THE CONTRACTOR OR CONTRACTORS
23 SELECTED BY THE OFFICE OF BEHAVIORAL HEALTH IN THE STATE
24 DEPARTMENT MUST PROVIDE CARE COORDINATION SERVICES TO ENGAGED
25 CLIENTS STATEWIDE. CARE COORDINATION SERVICES MUST BE AVAILABLE
26 TWENTY-FOUR HOURS A DAY AND MUST BE ACCESSIBLE THROUGH
27 VARIOUS FORMATS, INCLUDING ONLINE, IN-PERSON, OR BY TELEPHONE.

1 THE CONTRACTOR OR CONTRACTORS SHALL COORDINATE SERVICES IN
2 CONJUNCTION WITH OTHER STATE CARE COORDINATION AND BEHAVIORAL
3 HEALTH RESPONSE SYSTEMS TO ENSURE COORDINATED AND INTEGRATED
4 SERVICE DELIVERY. THE USE OF PEER SUPPORT SPECIALISTS IS
5 ENCOURAGED IN THE COORDINATION OF SERVICES. THE CONTRACTOR OR
6 CONTRACTORS SHALL ASSIST THE ENGAGED CLIENT WITH ACCESSING
7 TREATMENT FACILITIES, TREATMENT PROGRAMS, OR TREATMENT
8 PROVIDERS AND SHALL PROVIDE SERVICES TO ENGAGED CLIENTS
9 REGARDLESS OF THE CLIENT'S PAYER SOURCE OR WHETHER THE CLIENT IS
10 UNINSURED. ONCE THE ENGAGED CLIENT HAS INITIATED TREATMENT, THE
11 CONTRACTOR OR CONTRACTORS ARE NO LONGER RESPONSIBLE FOR CARE
12 COORDINATION FOR THAT ENGAGED CLIENT FOR THAT EPISODE. THE
13 CONTRACTOR OR CONTRACTORS SHALL CONDUCT ONGOING OUTREACH TO
14 INFORM COUNTIES, COUNTY DEPARTMENTS OF HUMAN OR SOCIAL
15 SERVICES, JAILS, LAW ENFORCEMENT PERSONNEL, HEALTH CARE
16 PROFESSIONALS, AND OTHER INTERESTED PERSONS ABOUT CARE
17 COORDINATION SERVICES.

18 (5) THE CONTRACTOR OR CONTRACTORS SHALL ENTER INTO A
19 MEMORANDUM OF UNDERSTANDING WITH THE OFFICE OF THE OMBUDSMAN
20 FOR BEHAVIORAL HEALTH ACCESS TO CARE, CREATED PURSUANT TO
21 SECTION 27-80-303. IF THE CONTRACTOR OR CONTRACTORS BELIEVE THAT
22 A HEALTH BENEFIT PLAN IS IN VIOLATION OF STATE AND FEDERAL PARITY
23 LAWS AND REGULATIONS PURSUANT TO SECTION 10-16-104(5.5) AND THE
24 "PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND
25 ADDICTION EQUITY ACT OF 2008", PUB.L. 110-343, AS AMENDED, WITH
26 THE ENGAGED CLIENT'S WRITTEN PERMISSION, THE CONTRACTOR OR
27 CONTRACTORS SHALL ASSIST THE ENGAGED CLIENT WITH REPORTING THE

1 ALLEGED VIOLATION TO THE OMBUDSMAN FOR BEHAVIORAL HEALTH
2 ACCESS TO CARE ESTABLISHED PURSUANT TO SECTION 27-80-303.

3 (6) THE CONTRACTOR OR CONTRACTORS SHALL COLLECT AND
4 TRANSMIT TO THE STATE DEPARTMENT, IN THE TIME AND MANNER
5 DETERMINED BY THE STATE DEPARTMENT, THE FOLLOWING DATA AND
6 INFORMATION RELATING TO ENGAGED CLIENTS SERVED BY THE
7 CONTRACTOR OR CONTRACTORS:

8 (a) DEMOGRAPHIC CHARACTERISTICS OF THE ENGAGED CLIENT,
9 INCLUDING AGE, SEX, ETHNICITY, AND COUNTY OF RESIDENCE;

10 (b) THE TYPE OF SUBSTANCE OR SUBSTANCES FOR WHICH THE
11 ENGAGED CLIENT IS SEEKING TREATMENT;

12 (c) ANY SELF-REPORTED OR IDENTIFIED MENTAL HEALTH
13 CONDITIONS;

14 (d) WHETHER THE ENGAGED CLIENT WAS ABLE TO SECURE
15 TREATMENT AND WHERE, AND, IF NOT, THE REASONS WHY;

16 (e) THE LENGTH OF TIME THE CONTRACTOR OR CONTRACTORS
17 PROVIDED CARE COORDINATION SERVICES TO THE ENGAGED CLIENT;

18 (f) WHETHER THE ENGAGED CLIENT HAD PRIVATE OR PUBLIC
19 INSURANCE OR WAS ELIGIBLE FOR SERVICES THROUGH THE OFFICE OF
20 BEHAVIORAL HEALTH IN THE STATE DEPARTMENT DUE TO INCOME;

21 (g) THE NUMBER OF SUSPECTED PARITY VIOLATION REPORTS
22 SUBMITTED TO THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO
23 CARE PURSUANT TO SECTION 27-80-303;

24 (h) SERVICES OR TREATMENT OPTIONS THAT WERE NOT AVAILABLE
25 IN THE ENGAGED CLIENT'S COMMUNITY, INCLUDING BUT NOT LIMITED TO
26 RECOVERY SERVICES, HOUSING, TRANSPORTATION, AND OTHER SUPPORTS;
27 AND

1 (i) THE NUMBER OF FAMILY MEMBERS OR FRIENDS CALLING ON
2 BEHALF OF AN ENGAGED CLIENT OR AN INDIVIDUAL WITH A SUBSTANCE
3 USE DISORDER.

4 (7) THE STATE BOARD MAY PROMULGATE ANY RULES NECESSARY
5 TO IMPLEMENT THE CARE COORDINATION SYSTEM.

6 (8) NO LATER THAN SEPTEMBER 1, 2020, AND EACH SEPTEMBER
7 1 THEREAFTER, THE STATE DEPARTMENT SHALL SUBMIT AN ANNUAL
8 REPORT TO THE JOINT BUDGET COMMITTEE, THE PUBLIC HEALTH CARE AND
9 HUMAN SERVICES COMMITTEE AND THE HEALTH INSURANCE AND
10 ENVIRONMENT COMMITTEE OF THE HOUSE OF REPRESENTATIVES, AND THE
11 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE CONCERNING
12 THE UTILIZATION OF CARE COORDINATION SERVICES PURSUANT TO THIS
13 SECTION, INCLUDING A SUMMARY OF THE DATA AND INFORMATION
14 COLLECTED BY THE CONTRACTOR OR CONTRACTORS PURSUANT TO
15 SUBSECTION (6) OF THIS SECTION. NOTWITHSTANDING THE PROVISIONS OF
16 SECTION 24-1-136 (11)(a)(I), THE REPORTING REQUIREMENTS PURSUANT
17 TO THIS SUBSECTION (8) CONTINUE INDEFINITELY.

18 **SECTION 3.** In Colorado Revised Statutes, **add** 27-80-119 as
19 follows:

20 **27-80-119. Building substance use disorder treatment capacity**
21 **in underserved communities - grant program - repeal.** (1) SUBJECT
22 TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT SHALL AWARD UP TO
23 FIVE MILLION DOLLARS ANNUALLY IN ONE-TIME GRANTS TO INCREASE
24 SUBSTANCE USE DISORDER TREATMENT CAPACITY AND SERVICES IN RURAL
25 AND FRONTIER COMMUNITIES. IN AWARDING GRANTS, THE DEPARTMENT
26 SHALL PRIORITIZE AREAS OF THE STATE THAT ARE UNSERVED OR
27 UNDERSERVED. GRANTS MUST BE USED TO ENSURE LOCAL COMMUNITIES

1 HAVE ACCESS TO A CONTINUUM OF SUBSTANCE USE DISORDER TREATMENT
2 SERVICES, INCLUDING BUT NOT LIMITED TO MEDICAL DETOXIFICATION,
3 RESIDENTIAL TREATMENT, AND INTENSIVE OUTPATIENT TREATMENT.
4 MANAGED SERVICE ORGANIZATIONS, AS DESCRIBED IN SECTION
5 27-80-107, LOCAL PRIMARY CARE OR SUBSTANCE USE DISORDER
6 TREATMENT PROVIDERS, LOCAL GOVERNMENTS, COUNTIES, SCHOOLS, AND
7 LAW ENFORCEMENT AGENCIES, MAY APPLY FOR A GRANT.

8 (2) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

9 **SECTION 4. Act subject to petition - effective date.** This act
10 takes effect at 12:01 a.m. on the day following the expiration of the
11 ninety-day period after final adjournment of the general assembly (August
12 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a
13 referendum petition is filed pursuant to section 1 (3) of article V of the
14 state constitution against this act or an item, section, or part of this act
15 within such period, then the act, item, section, or part will not take effect
16 unless approved by the people at the general election to be held in
17 November 2020 and, in such case, will take effect on the date of the
18 official declaration of the vote thereon by the governor.